

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIX.

THURSDAY, OCTOBER 28, 1858.

No. 13.

WOUNDS PENETRATING THE CAVITY OF THE ABDOMEN.

BY JAMES B. COLEGROVE, M.D., SARDINIA, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

DR. J. B. STAUNTON, of Ellicottville, N. Y., has given me the history of the following cases of wounds penetrating the cavity of the abdomen, both of which I deem worthy of publication.

CASE I.—Mrs. R., German, æt. 30, the mother of eight children, laboring woman, strong, healthy, and with good constitution, was attacked by a cow, Wednesday, June 30, 1858, the horn of the animal penetrating the parietes of the abdomen at a point two inches above, and to the right of, the umbilicus. The wall of the abdomen was literally ripped open, from side to side. The wound measured twelve inches in length; the peritoneal coat was stripped into strings, and torn into numerous pieces; the intestines protruded from the wound bodily.

In this condition, the patient was found by Drs. Staunton, Williams and Arnold, who were summoned, and who arrived about two and a half hours after the occurrence of the accident. The bowels lay in an exposed condition, and were cold. A considerable quantity of extravasated blood occupied the cavity of the abdomen. The patient was not quite pulseless; vomiting had occurred. Dr. Staunton says that the smooth and glossy surfaces of the liver and stomach were distinctly visible. Much embarrassment was necessarily felt as to the course to be pursued. The lacerated and torn condition of the omentum rendered its return into the abdomen extremely hazardous and questionable. The supervention of peritoneal inflammation, of a character likely to be fatal in its termination, was almost certain. There was no alternative but its entire removal; this difficult and appalling operation was the only recourse. The vessels were seized with a small pair of forceps, in the process of excision, tightly tied, and each ligature cut close to the knot. Thus the *entire omentum* was removed. The extravasated blood was then gently absorbed by a sponge, which was made to penetrate every accessible part of the abdomen; the in-

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testines were carefully washed and replaced, and the wound was closed with twelve stitches, adhesive straps being also applied. The pulse was 110, and quite full. Stimulants were, or had been administered to the patient. I forgot to say that she was seven months advanced in pregnancy. As near as could be judged, the patient had lost about three pints of blood. Five grains of Dover's powder were administered. The weight of the omentum, after its removal, was $7\frac{1}{2}$ pounds.*

2d day.—Pulse 160, full; considerable pain; tongue red and dry. Was bled one pint and a half. Opium and calomel, each one grain, once in four hours. Nitrate potash, gr. iij., every eighth hour.

3d day.—Pulse 140, full; intense pain; tongue red and dry. She was bled one pint. Treatment same as yesterday, with the exception of a cathartic of salts and senna.

4th day.—She aborted. The child was well formed, alive, but died in three hours after birth. From this time forward, the patient convalesced, the wound healing by first intention. Powerful cathartics were administered, which had a very prostrating effect.

10th day.—Signs of inflammation returned. She was bled one pint, and a cathartic of salts and senna was given; otherwise her recovery was steady and uninterrupted. Dr. Staunton thinks that the abortion was the result of the free administration of the cathartic medicine on the third day, rather than of the injury.

Sept. 20th.—The woman is quite recovered; performs all her housework without inconvenience. No tenderness of abdomen on pressure.

That this case is very remarkable in its whole history and result, no one will for a moment doubt. A very interesting case of incision of the abdomen was published in this JOURNAL, Vol. XVI., page 302, in which a greater part of the intestines are described as having passed out through the opening, but there was very little, if any, injury done to the peritoneum. Numerous instances of recovery from wounds of the abdomen have been referred to by authors of surgical works, from which it is inferred that such wounds, even though extensive in their nature, are not ordinarily fatal; but I have no recollection of having seen any case in which recovery took place after the removal of any considerable portion of the peritoneal covering. Mr. Samuel Cooper relates a case, in his Surgical Dictionary, quite similar to this; "the great arch of the stomach, and whole intestinal canal, except the duodenum, protruded through the wound." Referring to it, he says, "this case is really an interesting one; for notwithstanding so unlimited protrusion of the viscera, and the parts had been left unreduced more

* It adhered by several small attachments, amounting to three and a half or four inches in all—a fact not communicated to me until after the above article was written.

than an hour, a recovery ensued, under the judicious employment of bleeding, purging, anodynes, &c."

Every experienced surgeon is aware that instances occur occasionally, where the "condition of things" must form the basis of action, and that circumstances must guide him in the course he shall pursue, when he is compelled to act independently of all rules. That the patient should recover after the removal of the omentum entire, or nearly so, seems incredible; but it needs no further confirmation than the declaration of these physicians, all of whom are quite well known.

Much more might be said in reference to this case, as it affords abundant material for reflection; but I must leave the reader to the consideration of the facts, and to such applications as a history of the injury and its result may suggest.

CASE II.—Thomas Leggett, Irish, æt. 13, farmer boy. While at play in the hay field, Wednesday, August 4th, a fork tine pierced the skin of the abdomen, at about the seventh rib, and gliding downward under the skin, penetrated the walls of the abdomen, about two inches to the right of the umbilicus. Dr. Arnold was summoned. No blood escaped from the puncture after the instrument was withdrawn.

Dr. Staunton was called on the 11th, just seven days subsequent to the date of the accident. The condition of the patient at that time was truly alarming:—pulse 120, quick, feeble; great prostration; abdomen excessively distended; the pain intense, the patient screaming at every breath; both legs were drawn up; the teeth and tongue were covered with black sordes; countenance bloodless. There was every appearance of approaching death, from enteritis. Percussion of the abdomen gave unmistakable evidence of effusion. Without being satisfied as to the real nature of the fluid contained in the abdomen, Dr. Staunton determined to make a sufficient opening through the parietes to permit its escape. Accordingly, an incision was made, about an inch and a half in length. Two quarts of bloody serum were thus extracted, and about four ounces of decomposed blood also escaped, which was highly offensive and of about the consistence of tar. This done, Dr. S. introduced a female (silver) catheter, by which he succeeded in removing some remaining clots of decayed blood. The wound was then closed. Great relief was experienced immediately after the operation was completed; the patient allowed the limbs to be straightened in the bed, and without the exhibition of anodyne medicine he slept twelve hours (with slight exception) peacefully.

The condition of the patient for three days subsequently was precisely that of peritonitis—pain, excessive prostration, quick, feeble pulse, and vomiting, and his life was despaired of by Dr. S.; but to the infinite delight of the parents and physicians, he gradually recovered.

Sept. 26th.—Pulse 100, tongue red, appetite good. There is considerable tension and hardness, and an unnatural doughy feeling on pressure, but no tenderness. There was a free admission of air through the opening made by Dr. Staunton.

The lad apparently quite recovered from the prostrating effect of the injury and subsequent inflammation. If there was any question in the mind of the physician as to the cause of the inflammation, it can scarcely be doubted that the presence of so large a quantity of serum and blood in the peritoneal cavity was quite sufficient to produce it. The presence of atmospheric air may have been an additional cause, but the eventual recovery of the patient rather confirms the doctrine of Mr. John Bell and the later surgeons, that the admission of air into the cavity of the abdomen is not necessarily a fatal accident.

DIPHTHERIA IN PROVIDENCE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Within a few weeks past, six cases of *diphtheria* have been recognized by physicians in this city, three of which have terminated fatally. The disease is precisely the same as that which has prevailed so extensively in France and England during the last two or three years. It commences with the usual symptoms of a severe cold, much fever, and a speedy deposit of false membrane on the tonsils and upper portion of the throat. The fever soon becomes markedly typhoid in its character, and there is great constitutional depression. The breath also becomes excessively foetid, and, in some cases, there has been an enlargement of the submaxillary and other glands, and œdema of the neck. Death has occurred from exhaustion and fever, and with no symptoms of asphyxia.

The false membrane is less adhesive, and more easily broken up than in croup, and more easily detached. In one instance here, which recovered, a complete cast of the uvula was detached. The treatment is plainly indicated by the symptoms, and consists in the application of solid nitrate of silver or dilute nitric acid to the false membrane, with an early and vigorous administration of tonics. The constitutional treatment is more important than the local. Emetics, administered with caution, are thought, by some, to be valuable, and chlorate of potash is thought to be useful. It will be noticed that the symptoms are quite different from those of the *diphtherite* described by Bretonneau—a difference which has been noticed in France and England. Some English writers think there is a direct connection between scarlatina and diphtheria, and others think that a prevalence of stomatitis indicates a tendency to diphtheria.

It is not necessary, in this connection, to notice the different

theories which have been advanced. My object is particularly to call the attention of physicians to the disease, that its first beginnings in this country may be observed, and its progress known; and especially that they may watch for any circumstances which seem to show the cause of the disease. A theory has been advanced in France and England, that the odor from privy vaults is the specific cause of diphtheria. Will physicians observe and report?

E. M. S.

Providence, R. I., Oct. 19th, 1858.

FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Continued from page 216.]

A GENTLEMAN was struck with the tongue of a carriage with which a couple of horses were running. The blow was received directly upon the back of the left elbow. Dr. Sprague and myself removed some small fragments of bone, and while opening the wound for this purpose, we could see distinctly the line of fracture extending into the joint as well as across the bone. The condyles were not separated.

The subsequent treatment consisted only in the use of such means as would best support the limb and most successfully combat inflammation. The arm and forearm were laid upon a broad and well cushioned angular splint, covered with oil-cloth, to which it was fastened by a few light turns of a roller.

Twelve years after, I found the humerus shortened one inch and a half. During the first year, he says, there was no motion in the elbow-joint, but he can now flex and extend the forearm through about 45° ; when flexed to a right angle, it seems to strike a solid body like bone. Rotation of the forearm is completely lost, the hand being in a position midway between supination and pronation. He suffers no pain, and his arm is quite strong and useful. No means have been employed to restore the functions of the limb but passive motion at first, and subsequently constant, active use of the hand and arm.

The late Dr. Thomas Spencer, of Geneva, used to relate a case in which a surgeon was called to what he supposed to be a fracture of the lower end of the humerus, and which he treated accordingly, with splints, &c. On the second or third day, another surgeon was called, who removed the splints and bandages, and pronounced it a dislocation of the radius and ulna backward; but he was unable to reduce it.

After some time, the first surgeon was prosecuted for having treated as a fracture what proved to be a dislocation. Dr. Spencer, who had examined the arm carefully, gave his testimony last, and at a time when, from the evidence, it seemed almost certain

that the surgeon must be mulcted in heavy damages; but he declared his belief that both surgeons were right, since, on measuring the breadth of the humerus through its two condyles, he found that the humerus of the injured arm was three quarters of an inch wider than the opposite. His conclusion, therefore, was, that the condyles had been split asunder and were now separated; that the first surgeon properly reduced this fracture, but that when, on the second or third day, the second surgeon removed the splints and the dressings, a contraction of the muscles had taken place and the dislocation occurred, the bones of the forearm being drawn up between the fragments. Dr. Spencer believed this was an example of the variety of fracture now under consideration, but it is not quite certain that there was anything more than an oblique fracture extending into the joint, followed by a dislocation. In either case the first surgeon was entitled to an acquittal, and so the jury promptly declared by their verdict.

In a case of compound comminuted fracture of the character now under consideration, Dr. Stone, of the Bellevue Hospital, New York, removed the condyles, and sawed off the sharp end of the humerus. The woman was 26 years old, and intemperate. The operation was made as a substitute for amputation. No serious complications followed. On the ninety-sixth day the wounds were completely healed, and she could bend the forearm to a slight angle with the arm, the action of the muscles having drawn up the radius and ulna against the lower end of the shaft of the humerus, so that the motions were natural and free.* The practice, as the result sufficiently shows, was eminently judicious; and its practicability ought always to be well considered before resorting to the serious mutilation of amputation. The great principle upon which the success of resection is here based, is the shortening of the bone, whereby the reduction may be accomplished without painful tension to the muscles; a principle which will demand of us hereafter a more careful consideration, and a wider application.

Fractures of the Condyles.

Chaussier describes that portion of the lower end of the humerus which articulates with the ulna as the trochlea, and that portion which articulates with the radius as the condyle; naming the apophyses which arise from them, respectively, epitrochlea and epicondyle. Some of the French writers have adopted this nomenclature, but I prefer, as being more familiar to my own countrymen, the terms external and internal condyle; to which it will be convenient to add the terms external epicondyle and internal epicondyle, as indicating the extreme lateral projections, which are formed from separate points of ossification, and which do not become united to the trochlea until about the seventh year of life, and sometimes much later.

* Stone. New York Jour. of Med., May, 1851, p. 302, vol. vi. of Second Series.

When, therefore, we speak of a fracture of the epi-condyle, we refer only to a separation of the epiphysis, such as it is in early life; or to its true fracture, when, at a later period, it has become an apophysis.

§ 7. *Fractures of the Internal Epi-condyle (Epi-trochlea—CHAUSSEIER).*

This is the fracture which Granger first described in the *Edinburgh Medical and Surgical Journal*,* and which he ascribed solely to muscular action. "A distinguishing circumstance attending this fracture, is, that of its being occasioned by sudden and violent muscular exertion; and it will be recollected that from the inner condyle, those powerful muscles which constitute the bulk of the fleshy substance of the ulnar aspect of the forearm, have their principal origin. The way in which the muscles of the inner condyle are involuntarily thrown into such sudden and excessive action, I take to be this—the endeavor to prevent a fall by stretching out the arm, and thus receiving the percussion from the weight of the body on the hand."†

It is a fact, perhaps of some significance in this connection, that most of these fractures occur in children, before the union of the epiphysis is completed, when muscular contraction might more often prove adequate to its separation, and when the epi-condyle is less prominent, and therefore less exposed to direct blows than in adult life: thus, of five fractures which I have distinctly recognized as fractures of the epi-condyle, all, except one, occurred between the ages of 2 and 15 years. But, then, it is equally true that a large majority of all the fractures of the internal condyle, including those which enter the articulation as well as those which do not, belong to childhood and youth. I have seen but one exception in fourteen cases. Since, then, direct blows generally produce those fractures which penetrate the joint, no good reason can be shown why they should not produce fractures of the epi-condyle. The exception to which I have referred as not having occurred in early life, is sufficiently rare to entitle it to especial notice.

On the 16th of May, 1856, a laborer, 34 years of age, fell from an awning upon the sidewalk, dislocating the radius and ulna backward; the dislocation was immediately reduced by a woman who came to his assistance, but when he called on me, soon after, I found a small fragment of the inner condyle, probably the epi-condyle alone, broken off, and quite movable under the finger. It was slightly displaced in the direction of the hand.

I could not learn positively whether in falling he struck the elbow or the hand, but there was presumptive evidence that he

* "On a Particular Fracture of the Inner Condyle of the Humerus." By Benjamin Granger, Surgeon, Burton-upon-Trent. *Op. cit.*, vol. xiv., pp. 196-201, April, 1818.

† *Ibid.*, p. 196.

struck the hand; if so, then probably the fracture was the result of muscular action, which is the more extraordinary as having taken place in a man of his age.

It is pretty certain, however, that the theory of causation adopted by Granger is too exclusive. A lad was brought to me in October, 1848, aged 11, who had just fallen upon his elbow, the blow having been received, as he affirmed, and as the ecchymosis showed pretty conclusively, directly upon the inner condyle. The fragment was quite loose, and crepitus was distinct. He could flex and extend the arm and rotate the forearm without pain or inconvenience. I am quite sure the fracture did not extend into the joint; indeed the result seemed also to confirm this opinion, for in three months from the time of the accident the motions of the elbow-joint were almost completely restored.

Indeed, Mr. Granger has failed to establish, by any particular proofs, that in more than one or two of his cases the fracture was the result of muscular action; but, on the contrary, I am disposed to infer, from the violent inflammation which generally ensued in his cases, from the frequency of ecchymosis, and especially from the injury done to the ulnar nerve in at least three instances, that most of them were produced by direct blows inflicted from below in the fall upon the ground. Fractures produced by muscular action are seldom accompanied with much inflammation or effusion of blood, and it is much more probable that the ulnar nerve should have been maimed by the direct blow which caused the fracture, than by the displacement of the apophysis, which is, as we shall presently show, almost always carried downward, and oftener slightly forward than backward. It is only when the fragment is forced directly backward that the ulnar nerve could be made to suffer; a direction which, it does not seem to me, it could ever take from muscular action alone.

Direction of Displacement, Symptoms, &c.—I have seen this fragment displaced in the direction of the hand, or downward, very manifestly twice, and in two other examples a careful measurement showed a slight displacement in the same direction. The greatest displacement occurred in a boy 15 years old, who was brought to me from St. Catherines, Canada West. He had fallen upon his arm in wrestling, and his surgeon found a dislocation of the bones of the elbow-joint, which he immediately reduced. The fracture was not at that time detected, the arm being greatly swollen. No splints were applied. It was three months after the accident when I saw him, at which time I found the internal epicondyle broken off and removed downward toward the hand one inch and a quarter; and at this point it had become immovably fixed. Partial ankylosis existed at the elbow-joint, but pronation and supination were perfect.

In one instance I believed the fragment to be carried three lines

Biliary Calculus—Veratrum Viride.

upward and two backward toward the olecranon; in each of the other examples the fragments have not seemed to suffer any sensible displacement.

Granger found, also, in the five examples which came under his notice, the epi-condyle carried toward the hand, with more or less variation in its lateral position, so that while in some instances it touched the olecranon, in others it was removed an inch or more in the opposite direction.

It is probable that, except where controlled by the force and direction of the blow, or by some complications in the accident, the fragment, if displaced at all, always moves downward toward the hand, or downward and a little forward in the direction of the action of the principal muscles which arise from this apophysis; and when the fracture or separation is the result of muscular action alone, this form of displacement seems to me to be inevitable.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

Woburn, March 24th, 1858.

THE Society met at the house of Dr. S. WATSON DREW. Dr. INGALLS exhibited a portion of hepatized lung removed from a horse who died suddenly to-day. There was double pneumonia. The small intestines, also, about one foot below the larger stomach, were found engaged in an opening in the omentum. A knuckle of nearly three feet of the gut had passed through, and was strangulated there. The stricture was so close and unyielding that a finger could not pass through it. Another horse died in Winchester, as suddenly, to-day. Hence the examination.

The liver, pancreas and stomach, with a biliary calculus, and one from the hepatic duct, removed from a patient of Dr. WAKEFIELD, were exhibited by the Secretary. The following account was given. Mrs. K., 60 years of age, four years ago had severe hepatitis. Nov. 26th, 1857, worn out with care, she experienced a sharp pain in her bowels while at stool. After vomiting, it ceased. For every four or five weeks after this, she was confined to bed with nausea, for the space of ten days or so at a time. Still appetite was good and pulse regular. Each attack was more severe than its predecessor. During the last illness, she took a lobelia emetic. Vomiting continued until death. This emetic was taken at the instigation of a botanic doctor. Subsequently she was under regular treatment. Thirty-seven faceted concretions were found in the gall-bladder, and one in the hepatic duct. This was round, of an iron-rust color, clave concentrically, and was friable—differing much in its physical characters from the white, hard, angular calculi found in the bile reservoir. The gall vesicle was thickened, and its capacity diminished by transverse bands.

Two papers upon the veratrum viride were read by Drs. CHAPIN and RICKARD. They highly commended the article as an arterial sedative, and corroborated the statements hitherto made.

Dr. HOBEDON remarked, that for some time he had found the *veratrum viride* to reduce the pulse in pneumonia invariably. However, in a case where cerebral effusion supervened upon the pneumonitis, the *veratrum viride* had no power.

Dr. TOOTHAKER had marked success with it in some cases; in others, not—as scarlatina. He thought that local inflammation should be present as an indication for its use.

Dr. B. CUTTER found its greatest power in infantile cases. He had also used it externally. In a case of mastitis, a suspicious swelling appeared on the inside of the left arm, looking like a pyogenic abscess. He abated the swelling by discussing it with a tincture of one third the usual strength. The other breast becoming sore, was relieved by a similar discussion. Subsequently it availed not. A case simulating phlegmasia dolens was similarly treated, besides the use of other means, with success. Dr. B. stated that his preceptor, the late Dr. Frank Kittredge, of Woburn, prescribed it in cataplasms for ulcers of the leg.

Dr. CHAPIN had successfully employed the *veratrum viride* in cerebral cases. It was an excellent adjuvant to cough mixtures. Combined with ergot, it does well in phthisis with hæmoptysis and profuse expectoration.

The gentlemen for the most part had found the *veratrum viride* useful in scarlatina.

The following papers were read:—On the 416 cases of obstetrics which had been returned by the Society, for 1857, by Dr. W. Ingalls (published in the Boston Medical and Surgical Journal); on the zymoses of 1857, as they occurred in the practice of the members, by the Secretary; on Dr. N. R. Smith's anterior splint for fractures of the lower extremity, by Dr. E. Cutter; and on a modification of Desault's splint, by Dr. Alonzo Chapin.

On motion of Dr. Chapin, Howland Holmes, M.D., of Lexington, was elected an honorary member.

The following paper, on the *rus radicans* (poisoning), was read by Dr. Chapin, Jan. 15th, 1851.

"During the past fall there came under my care a young woman, poisoned by the *rus radicans* (poisoning). When called to her, her face, ears and neck had an erysipelatous redness, and were seemingly swollen to their utmost capacity. She could not open her eyes, her nose was closed, and no African ever exhibited such a formidable pair of lips. The febrile action was great; skin hot, pulse full and rapid; throbbing and compression about the brain, and partial coma. Her hands, too, exhibited partial redness, but were not much swollen.

"In treating the case, I probably should have been justified in the abstraction of blood; but omitting that, I employed an antiphlogistic course, internally, and left a cool saturnine lotion to be frequently applied to the affected parts externally.

"The next day her symptoms were all worse; she was more swollen, and had more coma. Her appearance was that of aggravated erysipelas, and might have been taken for that, had not the family been positive as to the cause. Its similarity suggested to my mind a similarity of treatment, and I at once prepared an aqueous solution of nitrate of silver, which I sprinkled over her face and neck.

"The next day I found her impatient for me to arrive. The redness and swelling had much subsided, and she felt greatly relieved. She

stated that the application of the lunar caustic wash produced an immediate cooling sensation, had removed much of the burning heat, and she wished it applied again. One of the ears, which had been accidentally neglected, was still greatly swollen, and had begun to vesiculate. After this, the face rapidly improved, and recovered much faster than an ordinary course of erysipelas.

"The hands, meanwhile, not seeming very bad, were neglected, but at length became greatly swollen, blistered badly, and were a long time in healing. She had unwittingly handled the poison with them, but the skin being thicker than on the face, might have been the reason that they were not so rapidly affected; and perhaps, for the same reason, the application of the nitrate of silver did not act so readily in destroying the virus.

"Its early application to the face, by destroying the cuticular absorbents, is the *modus operandi* on which I would explain the speedy cessation and decline of the inflammatory action. And as auxiliary, I should recommend a previous thorough washing of the surface with soap and water, to remove any virus that may adhere to the skin.

"This is but a single case; but the speedy and great relief furnished by the nitrate of silver impressed me favorably, and induces the wish that it may be further tried in cases of poisoning from the same article."

[*Vide Boston Medical and Surgical Journal*, Vol. XIX., pp. 190 and 256, for an article on the same subject by Dr. Toothaker. Also, *vide Am. Journal of Medical Sciences*, Vol. IV., p. 99, for a similar article by Dr. R. Dakin, and a most reliable prescription for this poison:—*R.* Sulph. cupri, precip. mer. rub., aa ʒj.; terebinth. Ven., ʒiij.; axunge porc., ʒj. M. Fit ung. Dr. Benjamin Cutter has used the above for many years. The same treatment answers for the poison of the rhus venenato, or dogwood.—Sec.]

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

AUGUST 9th.—*Cysts from the Cavity of the Arachnoid.* The specimen shown by Dr. ELLIS, from a patient of Dr. C. E. WARE.

The patient was a man 65 years of age, of somewhat intemperate habits. On the first of July, 1857, he was struck by the boom of his vessel on the back of the neck and head. He was stunned, and severely injured at the time, and since has never been free from pain in the back of the head, extending through to the forehead. He entered the Hospital July 14th, 1858. His health had been rapidly failing for the previous four or five weeks. He complained only of pain through the frontal region. His memory was much impaired, so as not to be trusted from moment to moment. His bodily functions were all well performed. He continued to fail in mind and body, passed into a state of lethargy and coma, and died without the occurrence of any other symptoms. He never had any paralysis, nor anything which resembled an apoplectic attack.

Sectio Cadaveris, by Dr. C. ELLIS.

Head.—The inner surface of the calvaria, near the vertex, was reddened, and quite porous, or, rather, traversed by minute channels, which gave it the appearance of being affected with osteoporosis. Over the superior and lateral surfaces of each cerebral hemisphere, be-

tween the dura mater and the arachnoid, or, considering the latter a sac, in its cavity, were cysts, composed of a firm yellowish membrane, less than half a line in thickness. That upon the right side contained within its cavity about two ounces of thin blood, and soft, blackish coagula. A small quantity of yellowish fibrin also adhered to the inner surface. Within about an inch of the periphery, in all directions, the two walls were united, and then, as a single layer, became thinner and thinner until they were lost, near the longitudinal sinus above, and toward the base elsewhere. Upon the left side, although a cavity existed, the walls appeared to have been in contact. There was decided flattening of both hemispheres beneath the sacs, which adhered very slightly, if at all, to the arachnoid, while their union with the under surface of the dura mater was such as to render some care necessary in their removal. The brain itself appeared healthy.

The posterior part of the lower lobe of the right lung was hepatised, though the tissue was not solidified to the degree generally seen.

The other organs were examined, and found sufficiently healthy.

Dr. JACKSON remarked upon it as a curious pathological fact, that a membrane should form about blood effused into the cavity of the arachnoid; and that such changes should subsequently occur in it. He had examined, *post mortem*, three cases that he supposed to be of this nature. The first occurred many years ago; a thin, but very tough membrane was formed quite extensively, in part connected with the dura mater and partly separated from it. The case was not understood, as there was no effused blood, though there probably had been within two months. In the second case, about five ounces of blood were effused over the right hemisphere; and the membrane was so tough that, though great force was used, it was not torn. The patient was an elderly man, and the disease could not have dated back more than three weeks. In the case of the Hon. Daniel Webster, which was fully reported by Dr. Jeffries in the *American Journal of Medical Sciences* for 1853, there was a fibrinous effusion over the convexity of both hemispheres, the greatest thickness being about one fourth of an inch; no blood was found, and there had never been any satisfactory evidence, from symptoms, of any considerable effusion, and yet an effusion had probably taken place.

Dr. J. referred to numerous specimens that he had seen in European museums. In one, that was exhibited at a meeting of the Anatomical Society in Paris which he attended in 1851, the cyst was as large as the two fists, partly ossified, as it was in some of the other cases; and, when recent, filled with a pultaceous matter. Dr. J. further referred to an article upon this subject in the *Med.-Chir. Trans.*, by Mr. Prescott Hewett.

AUGUST 23d.—*Fibrous Tumor of the Uterus.* Dr. AYER showed the specimen.

The patient was 40 years of age, the mother of five children; she had had uterine hæmorrhage, at intervals, for four years, and been under the care of various physicians. He had been called to her only a few times previously, and then to pass the catheter. The character of the tumor had not been determined, till, one day, after a long walk, the entire mass came away. Its form was heart-shaped, appearing like an enormous uterus, inverted. It was found to be pediculated, and attached to the uterine wall. Dr. H. G. Clark saw the patient, in consultation. A strong ligature was passed around the

pedicle, and tightened daily. The tumor separated on the fourth day; its apex was marked by a smooth circle, worn by pressure on the os uteri. Weight of tumor, two and a half pounds. To the knife, its resistance was firm, and the substance throughout hard. No hæmorrhage followed the operation, and the patient has greatly improved under the use of citrate of iron and other tonics. There is, however, procidentia uteri, compelling her to lie abed a portion of the time, and wear a supporter when about.

AUGUST 23d.—*Gonorrhœa; Abscess of the Penis.* Dr. COALE mentioned the case.

He first saw the patient, a young man, in June. At that time there was nothing remarkable in the appearance of the case. On the 4th of July, the penis showed signs of erysipelas, followed subsequently by an abscess of the size of a hen's egg, which was laid open. It had dissected up the integuments, and laid bare the corpus spongiosum. He laid it open freely, and dressed it with tincture of myrrh and powdered bark. At the end of three weeks he had recovered. Another abscess afterward formed at the root of the penis. This was opened, and discharged laudable pus, without any urinous odor. This soon healed. The general treatment was by copaiba. Dr. C. thought this complication extremely rare.

Aug. 9th.—*Tumor from the Penis of a Horse.* Specimen exhibited by Dr. ROBERT WARE. It consisted of a fatty tumor, first noticed about ten days ago. It was situated about six inches from the extremity of the penis when extended, and was attached to the prepuce. The horse was 18 years old.

SEPT. 13th.—*Congenital Stricture of the Anus.* Specimen shown by Dr. JACKSON. The patient died at the age of 18 months, of a dysenteric affection. At birth, the opening was only large enough to admit a probe. It was gradually enlarged by the aid of bougies. The intestine above the stricture was considerably dilated. The specimen was from Dr. Seaverns, of Jamaica Plain.

SEPT. 23d.—*Heart—Interventricular Opening.*—Dr. JACKSON showed the specimen, which he had received from Dr. N. L. Folsom, of Dover, N. H., from a girl aged 11 years and 8 months; tall of her age, very slender; able to go to school occasionally, but often sick. She had had blueness of skin from birth; palpitation and dyspnoea. Had influenza last November, and died of phthisis on the 17th of this month. The opening in the septum would have admitted the end of the little finger; and the aorta arose, of full size, directly over it and about equally from the two ventricles. The pulmonary artery was rather small, and had but two valves. The two ventricles were about equally thick; the left being thinner and the right much thicker than natural. Foramen ovale; small opening.

Dr. J. remarked that, as far as he had seen, the lividity was the exception and not the rule in these cases. An abnormal condition of the pulmonary artery of some sort, with thickening of the right ventricle, seems to be always found in interventricular openings.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 28, 1858.

THE PURITY OF MEDICINES.

It is, beyond dispute, one of the most vital interests of humanity, that all medicinal substances should be entirely reliable. There cannot, we think, be any doubt that much of the failure often experienced with medicines, arises from a faulty preparation of good materials, or, more frequently, from the employment of spurious or effete substances. Many evils result from this state of things. The first and chief is, that patients suffer; and the most serious consequences must constantly ensue. The modern physician, it is well known, uses comparatively very little medicine; but such as is required should be the best it is possible to obtain. Think of encountering a violent attack of colic, or any other excessively painful affection, with worthless opium; or of combating an intermittent, with quinine innocent of its chill-subduing power!

The next bad effect of poor medicines is that the physician is blamed. The inefficiency of the medicaments is charged upon him; and he is set down as incompetent to choose, or unacquainted with the effects of drugs. To such an extent may this mischief go, that a worthy and skilful practitioner may be discharged, and the patient entrust himself to quacks, and run the entire gauntlet of reckless empiricism.

It is therefore not only highly important that the purest articles should be selected and furnished by druggists, but every honest attempt to improve the processes of the preparation, and to facilitate the pleasantness of the exhibition of medicines, should be hailed with gratification by the profession. Nothing, however, of value, should be sacrificed to mere elegance of form or ease of administration. It were far better that an unpleasant mixture or a large powder should be swallowed, in a serious case, where medicinal action is imperatively demanded, than that squeamish delicacy should die with a gilded or sugared pill between its lips, or ineffectually slumbering in its stomach! And the same is true with regard to the infinitesimal granulations which fill the homœopathic toy-boxes, and melt upon the tickled palates of the adherents of that moonstruck fraternity.

In common with very many of our editorial brethren, and with the hope and belief that a great good had been effected, we have spoken with favor of the methods so extensively adopted, of late, by practical pharmacæutists, to concentrate medicinal substances and thus present the physician with weapons less obnoxious to the majority of his patients. By less *obnoxious*, we mean less offensive to sight, smell and taste—for, of course, our object is the same, and, our intent being beneficial, it is understood that our processes are conscientiously resolved upon.

It is, however, of the greatest importance, that no change should be wrought in the quality of the medicines, by the novel methods of treating the substances from which they are derived. The greatest care should be used in their preparation, so that no fermentation, in very hot climates, shall spoil them, nor other accidents befall them from

careless management. Moreover, the most scrupulous watchfulness should be exercised that no mistake be made as to the ingredients of every mixture, pill or powder. In our issue of September 30th, 1858, we noticed the Book of Formulæ, just published by Messrs. Tilden & Co., whose preparations, in common with those of Thayer & Co., we have, from time to time, employed with satisfaction. Two or three of our cotemporaries have lately commented very freely, and one, we think, with unnecessary harshness, upon sundry short-comings of the first of the above establishments. We should be the last to excuse criminal carelessness in pharmacutists who cater so extensively for the public demand for medicinal articles—but we think the other side ought to be fairly heard, and prefer to suspend judgment until it is. Mr. Tilden has called upon us within a few days, and he states that an explanation of the matters at issue will shortly be published. We can but agree with our *confrères* above referred to, as to the blame to be attached, in allowing tartarized antimony to be dispensed in pills which should have contained, instead, antimonii sulphuretum precipitatum. The firm should also have been more accurate than to declare that, on analysis, the said pills were correct according to the United States Pharmacopœia; since Plummer's pill is not official by that standard, although it is recorded in the Dispensatory of Wood and Bache.

The fact of destructive fermentation taking place in the medicinal extracts of Tilden & Co., in the city of New Orleans, is attributed by the head of that firm to the removal of the chlorophylle from them; and he ascribes the non-fermentation of the English extracts to their containing starch. A full explanation of the facts relative to this point, and based upon thorough experimentation, is promised by Mr. Tilden.

There is one procedure upon which we join issue with Tilden & Co., and will do so with any other manufacturing house which gives us similar occasion; and we have done this by directly speaking to the head of the house upon the subject, so that he will not be surprised to see our opinion stated in our pages. Tilden & Co. have, in their late circulars, announced a sugar-coated, "improved" compound cathartic pill, "*without calomel.*" Now, in the first place, the old compound cathartic pill is a very excellent one, and we doubt if it is *improved* by substituting podophyllin for calomel. The truth is, there is a great deal of namby-pamby twaddle poured forth by ignorant persons in reference to calomel—a substance which, when judiciously administered, and under the eye of a true physician, is often of inestimable value. That it may be abused, is undoubtedly the fact—but not in proper hands. We protest, then, against this act of Messrs. Tilden & Co., which only serves to foster an absurd prejudice, and rather tends to cripple the practitioner who knows how to use medicine. If the latter does not think calomel proper in a given case, he is not compelled to use it—he surely has an ample choice from the list of cathartics and laxatives—and it is unbecoming, in any pharmaceutical house, to put forth a pill, of the style of Tilden & Co.'s "*improved compound cathartic,*" with the significant intimation "*without calomel.*" The effect upon the public is, to throw a reflection of an unfavorable nature upon the profession, and, in an uncalled-for way, to minister to unreasonable and mischievous prejudices. We do not accuse Tilden & Co. of doing this wilfully; and we hope that no practical pharmacutists,

who derive, as do these gentlemen, a large revenue from their sales, and for which they are in a great measure indebted to our profession, would, for the sake of gain, do anything which, like the above, tends to injure all concerned, and indirectly to foster quackery.—We await Messrs. Tilden & Co.'s promised communication relative to the subjects upon which we have commented; and we cannot but hope that it will prove abundantly satisfactory.

NOCTURNAL INCONTINENCE OF URINE IN CHILDREN.

EVERY practitioner has probably been baffled in his efforts to cure the nocturnal incontinence of urine in young children, a source of so much annoyance and vexation to parents and nurses, and so prejudicial to the comfort and even to the health of the subjects of this infirmity. A most interesting paper on the subject, read before the College of Physicians of Philadelphia, by Dr. ADDINELL HEWSON, is printed in the last number of the *American Journal of the Medical Sciences*, and as it is based upon an extended observation, and as the results are highly satisfactory, we make no apology for laying an abstract of it before our readers.

Dr. Hewson's observations were made upon children in the House of Refuge, in Philadelphia, containing 292 boys, averaging about 12 years of age, and 80 girls, who were rather older, both white and colored. It was found, strangely enough, that but two of the girls were in the habit of wetting their beds, and these did it so seldom as not to be a source of annoyance. Among the boys, there were 78 addicted to this habit, being a proportion of 1 to 3.75, who were affected with enuresis; but only 63 were the subjects of observation, the other 15 having been discharged at an early period from the institution. The disease was more than twice as prevalent among the blacks as among the whites, the ratio being 1 in 2.7 for the former, and 1 in 7 for the latter. Of the whole number, the general appearance of health was good in 34. More than one third of the whole number suffered from ascarides. The average specific gravity of the urine was 1018. In 16 individuals it was 1020. Uric acid was deposited in 31 specimens, and urate of ammonia in 8. The prepuce and penis were much discolored, and the former much elongated, as either from frequent pulling, to relieve the itching of cystic irritation, or as from masturbation, in no less than 46 cases. This vice was confessed by 18 boys, and strongly suspected in 33 others.

The effect of diet on the disease was quite marked, the greatest number of cases being reported for Wednesday and Saturday night, especially the latter. Now, on those days the inmates of the colored department had salt pork or fish, and hominy, for dinner, while the white boys had the same only on Saturday; and fresh boiled beef, soup, potatoes, rice, cabbage and bread on the other days. There was always a fewer number reported for Sunday night, on which day the boys had bread and molasses, instead of mush and molasses for supper, and it was found that abstinence from liquids at the evening meal was followed by well-marked diminution of the enuresis. Atmospheric vicissitudes were also not without their influence; it was found that the number of cases was always increased by a sudden and decided fall in the thermometer and barometer.

In the treatment of these cases, Dr. Hewson made trial of all the principal remedies which have been recommended, commencing, how-

ever, with the bromide of potassium, in the doses of two and a half and three grains, thrice daily. This medicine suggested itself to him on account of the anaphrodisiac effect which he had seen it exert in cases of seminal emissions and masturbation; and thinking that much of the incontinence was owing to irritation consequent on this vice, he determined to give it a trial. The result was that 9 of the 63 were promptly and completely cured, although among them were three subjects in whom there was no reason to suspect masturbation. In 4 cases there was material relief, but in the 50 remaining cases it seemed to exert no beneficial effect whatever, though persevered in for two weeks. The cold douche in the back, loins and belly, was employed in conjunction with the bromide of potassium, but as it had been previously used without benefit, there seems no reason to ascribe to it any of the success obtained. The tincture of the chloride of iron was next tried, in doses of five and three drops thrice daily, which was doubled, at the end of the first week of its use, and combined with the cold douche and a dry supper of bread only, but at the end of six weeks the number of cases was as great as when the use of the iron was begun. Cantharides was next employed, but with no better effect.

Finally, Dr. Hewson established what he considered a more rational plan of treatment. He ordered for each boy suffering with constipation, a dose of magnesia; for those affected with worms, turpentine and bicarbonate of soda, thrice daily, and five drops of Squire's belladonna juice, prepared by Bently's process. The boys were also ordered to have a dry supper of bread alone, and the cold douche, and each one was made to rise and urinate an hour after retiring for the night. Under this plan the number of cases diminished with astonishing rapidity, and in two weeks only four cases, besides those who wet their clothes during the day, were reported, and these were suspected of deliberately wetting the bed for the sake of being continued on bread for supper, which they preferred to the mush. All the cases were therefore put on a small allowance of bread for supper, so as to go to bed hungry. From that time there was not another case, and, at the expiration of Dr. Hewson's term of service, the patients had all been without treatment for two weeks, and there was no recurrence of the disease in those affected with the nocturnal incontinence alone.

It would be interesting to know how far the belladonna was concerned in the gratifying results obtained by Dr. Hewson, and we regret that he did not select a number of cases to be treated like the others, except with the omission of this drug, in order to test its powers. We feel that the profession is much indebted to him for his elaborate and valuable observations on this unmanageable affection.

CANNABIS INDICA.

A CORRESPONDENT, whose queries respecting the *valerianate of ammonia* we have endeavored to answer, makes the following remarks respecting the *Cannabis Indica*. We believe that the experience of many other practitioners coincides with his; we have had no experience with the article ourselves. We hoped to have been able to present our readers with an interesting description of the effects of the extract upon the person of a physician of Boston, but we have been disappointed. Perhaps we may still be successful in obtaining the article for publication.

"With regard to Cannabis Indica, I have used several preparations (by different pharmacutists), and, in the ordinary doses of five to ten drops, have never been able to see any specific effects. I have given it in doses of twenty-five, thirty, forty, forty-five, and so on up to ninety drops to two persons—myself and a friend—and found nothing more than such sensations as those produced by a nasal, faucial and general cephalic catarrh, in its second stage, i. e., when the lining membrane of the nasal and adjacent passages and cavities had fairly begun to swell. I have used it in several cases in doses of twenty to twenty-five drops hourly, without any effect, if I except my own disappointment. It may be, however, that all the preparations (or rather specimens of similar or like preparation—tincture) I have used have been inferior or spurious. There is one view of the matter, however, which makes me somewhat skeptical with regard to the great advantage to be derived from the use of this article. I refer to the diseases for whose cure or alleviation it has been recommended. These are hydrophobia, tetanus, rheumatism, flooding, catalepsy, chorea, epilepsy, neuralgia, &c. &c. Now, I do not overshoot the mark when I say that a hundred other articles have already been equally lauded as specifics or palliatives in the foregoing affections, and they still remain, at this day, as intractable as ever. If a medicine or medicinal agent has no other claim on our confidence than its efficacy in such diseases as I have mentioned, I think it should be regarded rather with distrust than confidence. *Its great (imagined) powers in those diseases give evidence only of the ignorance of the profession with regard to it.*"

"POLITICS AND MEDICINE."

MESSRS. EDITORS.—The "outburst of righteous indignation," contained in your editorial on "Politics and Medicine," in the last number of the JOURNAL, in view of "the indignities thrown upon the medical profession," will meet with a ready response in the breast of every physician legitimately qualified to engage in the duties of his sacred calling, as well as of every sincere lover of his fellow men.

What do the Governor and his advisers mean? Is it thus that they illustrate the sincerity of those much-vaunted professions of reform with which their reign was inaugurated? It is painful to witness the noble charities of our State dragged in the mire of political turpitude, and prostituted to ignoble ends; but it is still more painful, if possible, to see the Governor of the State of Massachusetts offer a premium to ignorance and quackery, by appointing notoriously incompetent persons to high places of trust; and this, too, at the expense of those who, by time, labor and outlay of means, have qualified themselves to discharge the duties of such positions creditably to themselves and the profession which they represent; and in a manner the best to promote the objects for which the charities were designed.

In the case of Dr. Brooks, it is notorious that he was removed in order to make way for another, as a reward for partizan zeal and services; and who obtained the place of Superintendent of the Institution according to promise, while the other principal, but defeated competitor for the office, has since received as a "placebo" the appointment of physician to the same Institution. He, also, is obnoxious to the same objections which you urged against the Superintendent, being of the same kidney in respect to medical "isms." They are both disciples of the *erudite* Thomson. I am a supporter of the

present State administration, yet I believe that such flagrant injustice to worthy and honorable men, by removing them from office from sinister motives, and such wicked abuse of power in the appointment of unqualified persons to fill places of responsibility, if unatoned for, will compel the people to place their seal of condemnation upon all such unworthy dispensers of patronage; and, if continued, to pass their verdict,

"Never more be officer of mine."

Northampton, October 22d, 1858.

C. N. C.

QUACKERY UNMASKED.

MESSRS. EDITORS,—This is the first time that I have troubled you with any communication of mine, and my apology for doing so at this time is the strong interest I feel in every laudable effort to enlighten the public mind, and discourage quackery. I have been especially induced to address you now, from witnessing the strong and varied opposition which is manifested toward a recent publication entitled "Quackery Unmasked," by Dan King, M.D. Quacks of all sorts, although differing in every thing else, agree in their efforts to suppress it. Apothecaries, who deal largely in nostrums, discourage its circulation; and editors, who derive their principal support from quack advertisements, either refuse to notice it at all, or misrepresent it.

The book is the result of long and patient investigation and research, and should be in every family. It contains much that every one ought to know. Wherever it is candidly read and considered, it *must and will* have a salutary influence. I believe it to be the duty of physicians to give the public correct information upon the subject of medicine, and the circulation of the work referred to cannot fail to do much to further so desirable an object.

I. D. N.

Massachusetts Medical College.—The annual course of lectures at this Institution will begin on Wednesday, November the third. The introductory lecture will be delivered at 12 o'clock, M., by JOHN BACON, M.D., Professor of Chemistry. Physicians, and gentlemen interested in medical science, are invited to be present.

Professor Bacon is a fluent and pleasant lecturer, and we doubt not that those not connected with the profession who can spare an hour to listen to him, will be interested in what he may have to say.

Every season offers more facilities for students coming to our city for instruction; and, by the industrious and persevering, a competent medical education is sure to be obtained. The Faculty spare no pains to secure to learners the attainment of this end; and we trust that the public will avail itself of this and similar opportunities to become acquainted with the fact.

Massachusetts Medical Benevolent Society.—The annual meeting of this Society will be held to-day (Thursday), at the rooms of the Mass. Medical Society, at 4 o'clock, P. M. The annual supper, which was to have occurred to-night, is postponed one week, and will take place at the Revere House, Thursday evening, Nov. 4th, at 8 o'clock.

An inquest was recently held in England on the body of a child of five years, the jury returning a verdict that it came to its death in consequence of eating the berries of the mountain-ash tree.

College of Physicians and Surgeons, New York.—The introductory address of the winter course of lectures at the College of Physicians and Surgeons, corner of Twenty-third Street and Fourth Avenue, was delivered on the evening of the 18th inst., by Professor Willard Parker, M.D., before a very large audience. The graduates who took their diplomas numbered nineteen; were intelligent-looking, and are, doubtless, well qualified for the responsible duties of the profession.—*New York Times.*

Bellevue Hospital School.—At the Bellevue Hospital, on the 18th, Dr. J. W. Francis delivered the introductory oration, and Dr. James R. Wood, after a few prefatory explanations on the processes of nature in the reparation and re-production of the bony structure, performed two operations—one for the removal of the lower, the other for the excision of the upper jaw, for disease produced by the inhalation of phosphorus in the trade of making matches.—*Idem.*

Narcotic Injection to relieve Pain.—A trial was lately made at the University College Hospital, London, of the plan recommended by Dr. Alex. Wood, of Edinburgh, in 1855—namely, of injecting a few drops of morphine over the seat of the affected nerve in cases of excessive local pain. In the case alluded to, the supposed remains of a rusty nail in the back of the hand were attempted to be removed, but the severe pain which had before existed continued after the operation. By means of a small syringe, about twelve drops of the solution of morphine were injected beneath the skin (the old wound having perfectly healed), close to the seat of pain. No amelioration followed; on the contrary, both immediately after the injection, and on the next day, the pain was increased.

Cancer of the Mouth—Silver Sutures.—A man, 52 years of age, a laborer, and an inveterate smoker, was operated on at the London Hospital, July 27th, for the removal of a cancer—a well-marked case of *buccal epithelioma*. The right side of the mouth and cheek were occupied by it, and it encroached somewhat upon the lips. The patient had ordinarily consumed as much as half an ounce of tobacco daily, and the stem of the pipe had invariably been placed at the seat of the cancer, which first showed itself ten months before, the general health being good. The edges of the wound were brought together with silver-wire sutures, union by adhesion ensued, and on the 8th of August the wound was quite healed.

Ulceration between all the Toes of both Feet.—A girl, 20 years old, was admitted into St. Thomas's Hospital on the 7th of September, with ulcerated surfaces between all the toes of both feet. They were tender and sore, and disabled her from walking. The ulcers commenced without any known cause, six weeks before, in the form of single blisters, which burst, the skin coming off, and a raw surface being left beneath. Small doses of aloes-and-myrrh pill, with mercury and chalk, twice a day, internally, and zinc ointment, carefully spread on strips of lint, placed between the toes as far as possible, to prevent union, were used, and an improvement was taking place. The formation of webbed toes may easily take place, in adult life, in a case like this.

A similar case recently took place, according to the *London Lancet*, in the Charing-Cross Hospital, in a little girl 5 years of age, depending upon ecthyma.

Health of the City.—The number of deaths last week was small. Deducting casualties, there were but 56 from disease. The correspondence between the mortality of the week, and that of the corresponding one of 1857, was striking; for that week there were 67 deaths, of which 9 were from consumption, 4 from pneumonia, 4 from cholera infantum, and 2 from casualties.

MARRIED.—At Newburyport, 20th inst., Dr. George W. Kennison to Miss Hattie A. Stephenson, of Washington, D. C.

Deaths in Boston for the week ending Saturday noon, October 23d, 60. Males, 29—Females, 31.—Accident, 3—Inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—cancer in uterus, 1—consumption, 9—convulsions, 3—cholera infantum, 3—cystitis, 1—dysentery, 1—diarrhea, 1—dropsy, 2—dropsy in the head, 4—debility, 1—puerperal disease, 1—erysipelas, 1—scarlet fever, 1—typhoid fever, 1—gastritis, 1—disease of the heart, 1—hemorrhage, 1—intemperance, 1—insanity, 1—Inflammation of the lungs, 1—congestion of the lungs, 3—marasmus, 2—old age, 3—pleurisy, 1—poisoned, 1—rheumatism, 1—scalded, 1—suffocated, 2—teething, 1—thrush, 2—unknown, 1—whooping cough, 1.
Under 5 years, 23—between 5 and 20 years, 5—between 20 and 40 years, 17—between 40 and 60 years, 7—above 60 years, 8. Born in the United States, 45—Ireland, 11—other places, 4.